

**LOCAL AGENCY FORMATION COMMISSION OF SANTA CLARA COUNTY**  
County Government Center, 11<sup>th</sup> Floor, East Wing  
70 West Hedding Street, San Jose, California 95110  
(408) 299-5127 (408) 295-1613 Fax

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**APPLICATION FORM**

**CHANGE OF ORGANIZATION OR REORGANIZATION PROPOSALS**

**I. APPLICANT INFORMATION**

1. Is the application by Resolution of agency \_\_\_\_ OR is it by Petition \_\_\_\_

a. If application is by resolution:

Agency seeking change of organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

b. If application is by petition:

Is the petition by Landowners \_\_\_\_ or Registered Voters \_\_\_\_ in the area?

Contact person for applicant seeking change of organization:  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**II. PROJECT INFORMATION**

*Please provide the following information. You may attach additional sheets as needed and indicate so.*

1. Project Description: Request for annexation/ detachment/ reorganization  
to/from \_\_\_\_\_  
(city/ special district)

2. Number of acres: \_\_\_\_\_ Number of parcels: \_\_\_\_\_

Address: \_\_\_\_\_

Assessors Parcel Numbers: \_\_\_\_\_

3. Number of inhabitants: \_\_\_\_\_ Number of dwelling units: \_\_\_\_\_

4. Number of registered voters: \_\_\_\_\_
5. Is the area proposed for annexation / detachment/ reorganization in the City / District's sphere of influence? Yes\_\_\_\_\_ No \_\_\_\_\_. If not, a concurrent sphere amendment is necessary.
6. Is the area proposed for annexation/ detachment/ reorganization in the City's urban service area? Yes\_\_\_\_\_ No \_\_\_\_\_
7. Indicate the parcel numbers of those parcels, if any, which are under contract with the County under provisions of the Williamson Act:  
  
\_\_\_\_\_
- 7a. What steps, if any, have been taken or are proposed to release the above parcels from the contract? \_\_\_\_\_  
  
\_\_\_\_\_
8. For city annexations, what is the pre-zoning that has been applied to the area?  
  
\_\_\_\_\_
9. Describe the development being proposed for the territory, and when this development is expected to begin. \_\_\_\_\_
10. Do the boundaries of the subject territory conform to lines of assessment and ownership? Yes\_\_\_\_\_ / No\_\_\_\_\_
- 10a. If NO, please explain the reason for non-conformity and provide justification for LAFCO approval of boundaries that split lines of assessment and ownership.  
  
\_\_\_\_\_  
  
\_\_\_\_\_
11. Do the boundaries of any proposed annexation create an island, corridor or strip? Yes \_\_\_\_\_ No \_\_\_\_\_
- 11a. If YES, please provide justification for LAFCO approval of this proposal involving creation of islands.  
  
\_\_\_\_\_  
  
\_\_\_\_\_

12. How will services such as sewer, water, fire protection, police, garbage, lighting and other urban services be provided to the new development proposed in the area?

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13. Will extension of urban services or the construction of public improvements to the area be financed by a special assessment? Yes \_\_\_\_\_ No \_\_\_\_\_

- 13a. If yes, describe service and or improvements and the average cost per resident or landowner in the area.

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(service / improvement )

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(cost per year for "x" years)

14. List names and addresses of all cities, special districts, school districts and County service areas located within the area of this proposal( exclude Santa Clara County Water District, San Francisco Bay Area Air Pollution Control district, County Library Zone, and Water Importation). For district reorganizations, list all cities within 3 miles of the affected area.

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15. For city annexations, list those concurrent or future detachments from special districts, which are proposed for this area.

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16. Is Agency requesting a waiver of protest proceedings per Government Code Section 56663 (c, d)? YES \_\_\_\_\_ NO \_\_\_\_\_.

If NO, LAFCO will have to conduct a separate public hearing called the protest hearing following LAFCO approval of the proposal.

If YES, please sign and attach the Waiver of Protest Proceedings Forms from all the agencies losing or gaining territory as a result of this proposal.

<b>III. 100% CONSENT PROPOSALS</b>
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**(Hearing not required for 100% property owner consent proposals)**

*For 100% consent proposals, please provide the following information and obtain certification by City / District Clerk. Please attach separate sheets, if additional space is required.*

Owners of land\* within the affected area who consent to this proposal should show their consent by signing and printing or typing their names and addresses, with date below and fill in all the information.

Date	Sign & PRINT name	Property Address	Parcel #	Assessed land value
_____	_____ _____	_____ _____	_____	_____
_____	_____ _____	_____ _____	_____	_____
_____	_____ _____	_____ _____	_____	_____
_____	_____ _____	_____ _____	_____	_____

**CERTIFICATE OF CITY/ DISTRICT CLERK**

I CERTIFY that I have checked the number of owners of property located within the annexation/ detachment/ reorganization proposed by this application and that the \_\_\_\_ (number) of signatures above represent all of the owners of property included in this proposal. I FURTHER CERTIFY that, pursuant to Government Code Section 56663, the City/District waives the requirement for written notice and gives consent for the commission to make determinations on this proposal without notice or hearing.

Date: \_\_\_\_\_ City/ District Clerk: \_\_\_\_\_

City/ District of \_\_\_\_\_ (seal)

\* "Owner of land" (Section 56048) means (1) any person shown as the owner of land on the most recent assessment roll being prepared by the county at the time the proponent adopts a resolution of application pursuant to Section 56654 or files a notice of intention to circulate a petition with the executive officer pursuant to subdivision (a) of Section 56700.4, except where that person is no longer the owner. Where that person is no longer the owner, the landowner or owner of land is any person entitled to be shown as owner of land on the next assessment roll. (2) Where land is subject to a recorded written agreement of sale, any person shown in the agreement as purchaser. (3) Any public agency owning land. It does not include a public agency which owns highways, rights-of-way, easements, waterways, or canals.

<b>IV. Non-100% CONSENT PROPOSALS</b>
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**(Hearing will be held for non-100% consent proposals.)**

Owners of land within the proposal area who do not consent to this proposal should be listed by name, address, parcel number and assessed land value below. *Please attach separate sheets, if additional space is required.*

PRINT name	Property Address	Parcel #	Assessed land value
_____	_____ _____	_____	_____
_____	_____ _____	_____	_____
_____	_____ _____	_____	_____

For non-100% consent proposals, list all registered voters residing in the affected area, if different from the landowners named under Section IV and V. *Please attach separate sheets, if additional space is required.*

Name	Address	Name	Address
_____	_____ _____	_____	_____ _____
_____	_____ _____	_____	_____ _____
_____	_____ _____	_____	_____ _____
_____	_____ _____	_____	_____ _____

**V. ENVIRONMENTAL STATUS OF APPLICATION**

*Check the appropriate section to indicate the status of compliance with CEQA.*

1. \_\_\_\_\_ (name of City / District), as Lead Agency for environmental review of the project, in compliance with CEQA has:

\_\_\_\_\_ determined that the proposal is statutorily exempt from the provisions of CEQA pursuant to CEQA Guidelines Section \_\_\_\_\_ (cite class exemption section) because \_\_\_\_\_.

\_\_\_\_\_ determined that the proposal is categorically exempt from provisions of CEQA pursuant to CEQA Guidelines Section \_\_\_\_\_.

\_\_\_\_\_ completed an Initial Study and Negative Declaration for the annexation, 10 copies of which are attached to this application

\_\_\_\_\_ completed a final EIR for the project, 10 copies of which are attached to this application.

2. \_\_\_\_\_ LAFCO is to be Lead Agency for the environmental review of the project as indicated in attached confirmation from LAFCO Executive Director.

I hereby certify that all LAFCO filing requirements will be met and that the statements made in this application are to the best of my knowledge accurate.

\_\_\_\_\_  
(PRINT name of person completing this application)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)